

U.S. COURT OF APPEALS - EIGHTH CIRCUIT

APPELLANT'S FORM A

Appeal Information Form

To be filed with the Notice of Appeal

Appeal Docket No. _____

COUNSEL: NAME, ADDRESS, AND TELEPHONE NUMBER

UnitedHealth Group Inc.
Shareholder Derivative Litigation

Edward F. Siegel
27600 Chagrin Blvd. #340
Cleveland Ohio 44122
(216) 831-3424

Appellant/Appellee,

vs.

COUNSEL: NAME, ADDRESS, AND TELEPHONE NUMBER

Chad Johnson
BERNSTEIN LITOWITZ
1285 Avenue of the Americas
New York, NY 10019
(212) 554-1396

Appellant/Appellee

LIST ISSUES ON APPEAL (For administrative purposes). You may indicate that this also serves as your statement of issues under FRAP 10(b)(3). Yes. ☒ No. ☐

1) Whether the procedure below violated Rule 23(h)?

2) Whether the Court abused its discretion in awarding counsel fees which included a 2.75 multiplier

FOR LEAD COUNSEL ONLY

I ☒ have ☐ have not discussed settlement possibilities on appeal with my client.

This appeal ☒ is ☐ is not amenable to settlement.

Submitted by: s/

Signature of Lead Counsel

Date

INSTRUCTIONS:

Filing of appellant's Form A is required to be submitted to the Clerk of the District Court with the Notice of Appeal (8 Cir. Rule 3B). If inadvertently omitted, appellant may file Form A directly with the Clerk of the Court of Appeals before appeal is docketed. Forms are available at the District Court Clerk's Office and may be obtained electronically at: www.ca8.uscourts.gov

Copy 1 - Send to Appellee (together with an uncompleted Form B)

Copy 2 & 3 - Send to Clerk, District Court with Notice of Appeal or Eighth Circuit (see above)

Copy 4 - Retain

U.S. COURT OF APPEALS - EIGHTH CIRCUIT

Appeal Docket No. _____

APPELLEE'S FORM B

Appeal Information Form

CASE NAME (Underline name of Appellee):

Unitedhealth Group Incorporated Shareholder Derivative Litigation

IS THIS ALIGNMENT OF PARTIES, NAMES, ADDRESSES, AND TELEPHONE NUMBERS
CORRECT ON APPELLANT'S FORM A? Yes ☐ No ☐ If no, list corrections below.

FOR LEAD COUNSEL ONLY

I ☐ have ☐ have not ☐ discussed settlement possibilities on appeal with my client.
This appeal ☐ is ☐ is not ☐ amenable to settlement.

NAME, ADDRESS, AND TELEPHONE NUMBER OF LEAD COUNSEL:

Submitted by: s/ _____

Date: _____

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